

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90045 022 ****50.00

DOCUMENT # L03000026815					
1. Entity Name FIT & FIRM FITNESS, LLC					
Principal Place of Business 3014 CORTEZ ROAD WEST BRADENTON, FL 34207			Mailing Address 3014 CORTEZ ROAD WEST BRADENTON, FL 34207		
2. Principal Place of Business 4216 20th St W. Suite, Apt. #, etc.		3. Mailing Address 4216 20th St W. Suite, Apt. #, etc.			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 20-0137982	
Zip 34205		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, LINDA 3014 CORTEZ ROAD WEST BRADENTON, FL 34207			7. Name and Address of New Registered Agent Name: Graham Linda Street Address (P.O. Box Number is Not Acceptable): 4216 20th St W. City: Bradenton FL Zip Code: 34205		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAHAM, LINDA 3014 CORTEZ ROAD WEST BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Graham, Linda 4216 20th St. W. Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAHAM, HENRY 3014 CORTEZ ROAD WEST BRADENTON, FL 34207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Graham, Henry J. 4216 20th St. W. Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Linda Lee Graham</u> <u>Linda L. Graham</u> <u>22-05</u> <u>941-756-8850</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					